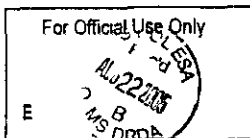


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11/30/2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10880</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>William E. SUMMERS JR.</u> P.O. Box Bldg Room No. if any _____ Street <u>3971 SHERMAN DR</u> City <u>RIVERSIDE</u> State <u>CA</u> ZIP Code + 4 <u>92503</u>	4 Name, file number, and address of labor organization Name <u>TEAMSTERS LOCAL 578</u> Labor Organization File Number <u>030307</u> P.O. Box Building and Room Number if any _____ Street <u>1936 W CHAPMAN AV</u> City <u>ORANGE</u> State <u>CA</u> ZIP Code + 4 <u>92868</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*William E. Summers Jr.*

On

8-9-05

Date

951 6883659

Telephone Number

Name of Person Filing <u>WILLIAM E SUMMERS JR</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business ( ) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>THE UNION LABOR LIFE INSURANCE CO</u></p> <p>Trade Name if any <u>ULLICO</u></p> <p>P O Box Bldg Room No if any <u>STE 203</u></p> <p>Street <u>1112 OCEAN DR</u></p> <p>City <u>MANHATTAN BEACH</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90266</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>TEAMSTERS INDUSTRIAL SECURITY TRUST FUND</u></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any <u>BLDG A9 WEST</u></p> <p>Street <u>1000 SO. FREMONT ST</u></p> <p>City <u>ALHAMBRA</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>91803</u></p>	<p>11 a Nature of such dealing</p> <p><u>LUNCH MEETING HELD ON JAN 22 2004</u></p> <p>11 b Approximate dollar value of such dealing <u>\$302</u></p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>